



**BLACKTHORN HEALTH CENTRE**  
**PATIENT REFERENCE GROUP (PRG)**  
**YEAR 1 SURVEY RESULT**

**MARCH 2012**

Our remit was to develop a structure that gains the views of patients and enables the Practice to obtain feedback from the practice population.

Blackthorn Health Centre established a Patient Support Group in April 1999. The group meet every 8 weeks with the Senior Partner and Practice Manager. The group has an elected Chair and a committee of 13. In line with the Primary Care Trust's Direct Enhanced Service (DES) the practice agreed to form a Patient Reference Group (PRG) with whom we would communicate by email to help us identify areas for possible improvement within the surgery.

In order to develop our PRG we took the following actions.

- Advertised PRG on Website
- Media Screen in waiting room, Practice monthly Newsletter
- Posters were displayed in both our waiting rooms
- GP/Nurse/HCA handouts to patients during consultation – including Chronic Disease and Baby Immunisation Clinics
- Midwife – handouts to pregnant ladies during ante-natal consultation
- New Patient Registration Pack – Copy of PRG leaflet included
- Use of our annual Flu Day to target patients
- Leaflets placed on Reception Desk in waiting room
- Blackthorn Health Centre Patient Support Group - encouraging patients to sign up.

Advertising will be ongoing and we will continue to encourage our patients to register with our PRG. At present we have 171 members.

**Practice & PRG Profile**

Practice population profile (12,223)		PRG profile (171)		% Ratio
<b>Age</b>				
0 - 4	6%	0 - 4	0%	0
5 - 14	11%	5 - 14	1%	9%
15 - 24	11%	15 - 24	4%	36%
25 - 34	12%	25 - 34	8%	67%
35 - 44	15%	35 - 44	14%	93%
45 - 54	15%	45 - 54	13%	87%
55 - 64	12%	55 - 64	23%	192%
65 - 74	9%	65 - 74	26%	289%
75 - 84	6%	75 - 84	11%	183%
85 and over	2%	85 and over	1%	50%
<b>Ethnic minority recorded (3229 patients)</b>		<b>PRG profile (171)</b>		
<b>Ethnicity - %</b>				
White	12.9	White		
White-British	84.5	White-British	93%	
Irish	.23	Irish		
Mixed	.38	Mixed	1%	
White & Black Caribbean	.05	White & Black Caribbean	1%	
White & Black African	.15	White & Black African		
White & Asian	.05	White & Asian		
Asian or Asian British	.30	Asian or Asian British		
Indian	.20	Indian		
Pakistani	.03	Pakistani		
Nepalese		Nepalese		
Bangladeshi	.08	Bangladeshi		
Black or Black British	.08	Black or Black British		
Caribbean	.05	Caribbean		
African	.25	African		
Chinese or other ethnic group		Chinese or other ethnic group		
Chinese	.49	Chinese	3%	
Any Other	.26	Any Other	2%	
<b>Gender - %</b>				
Male	50%	Male	38%	
Female	50%	Female	62%	

<b>PRG - DISEASE REGISTER PROFILE</b>	
<b>Disease Register</b>	<b>Number of PRG members in register</b>
Diabetes	17
CHD	17
Hypertension	57
Asthma	20
COPD	1
Stroke/TIA	6
Epilepsy	1

## **Agree areas of priority with the PRG**

The Practice emailed their virtual group at the end of January 2012 for suggestions as to what to include in the patient survey – please see copy of email sent below:-

“Following our recent email to you we are now planning our next annual survey. To ensure that we ask the right questions, we would like to know what you think should be our key priorities when it comes to looking at the services we provide to you and others in the practice.

What do you think are the most important issues on which we should consult our patients? For example, which of the following do you think we should focus on?

- Clinical care
- Getting an appointment
- Telephone triage
- Opening times
- Parking

We would be grateful if you could pick one area you consider to be most important. When considering your reply please state your reason for choosing the particular area to look at. These reasons will be required for us to collate and use in our survey”

At a meeting with our Patient Support Group on 27<sup>th</sup> February 2012 the results from the email poll were presented to the group. As clinical care was the majority agreed priority area, it was agreed to focus the survey on clinical care. The Support Group were involved in the decision regarding the development and setting of the survey questions.

<b>BHC PRG – SURVEY QUESTIONS</b>
<b>These questions are based upon your consultation with a GP or Nurse within the last 12 months</b>
<b>Q1. Did you discuss what was most important to you?</b>
<b>Q2. Were you involved as much as you wanted to be in decisions about your care or treatment?</b>
<b>Q3. How would you describe the amount of information you received to help you to manage your health?</b>
<b>Q4. To what extent did your health improve as a result of the clinical care provided by the practice?</b>
<b>Q5. Thinking back over the last 12 months please comment on what could be improved in your clinical care</b>

## Collate the views through the use of a survey

We enlisted the use of an online survey provider to ensure that complete anonymity was guaranteed for the members. This had been a priority from our Patient Support Group members.

An email was sent out to members in February giving a link to the website of Smartsurvey.

Of the 171 who were emailed the link to the survey, we received 86 responses.

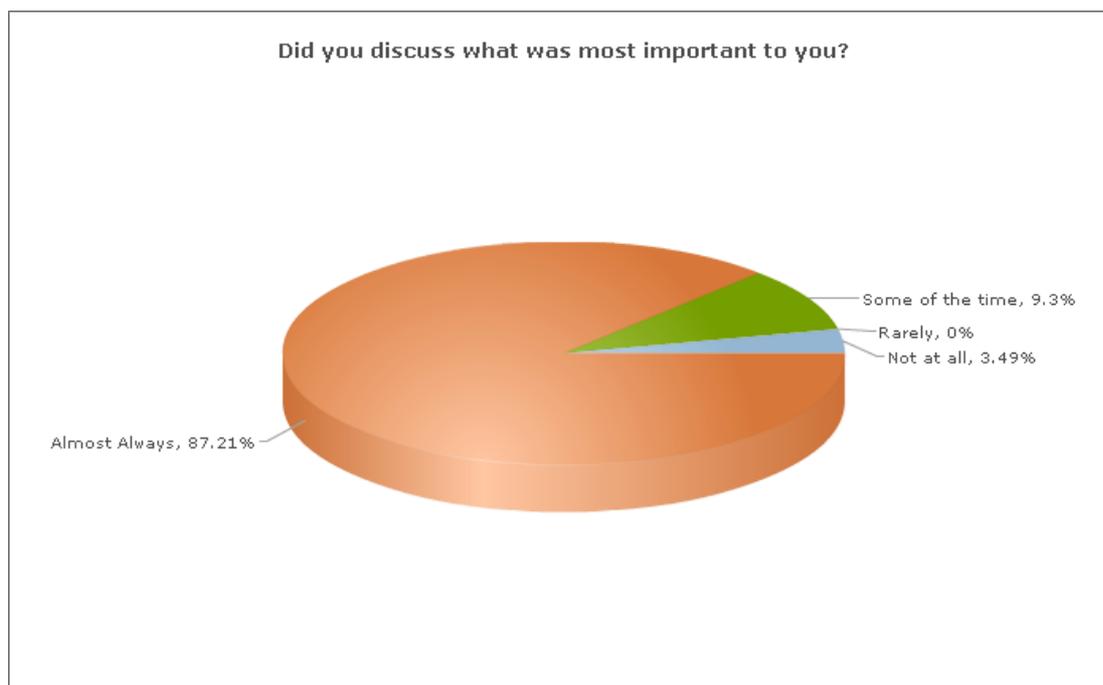
**This gave us an overall response rate of 50%.**

## Summary of Survey Question & Results

The results were collated and analysed.

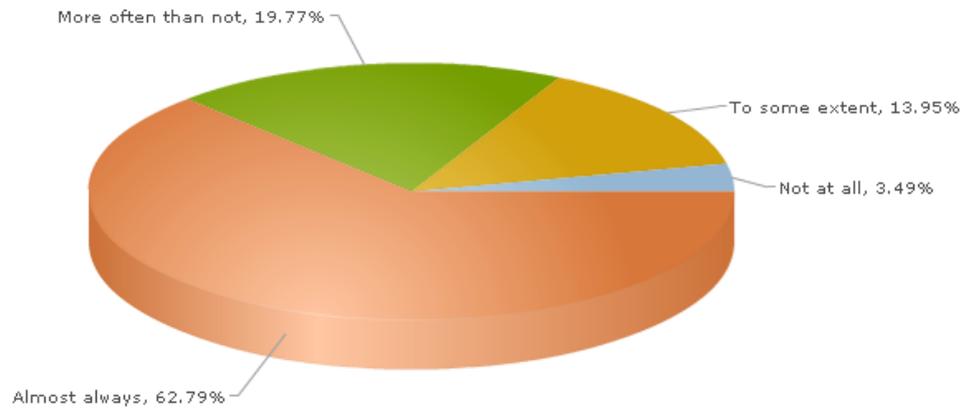
**These questions are based upon your consultation with a GP or Nurse within the last 12 months**

### **Question 1.**



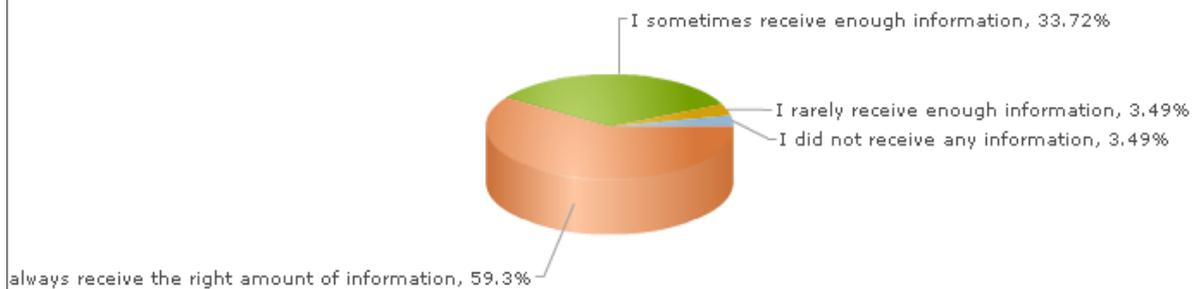
## Question 2.

Were you involved as much as you wanted to be in decisions about your care or treatment?

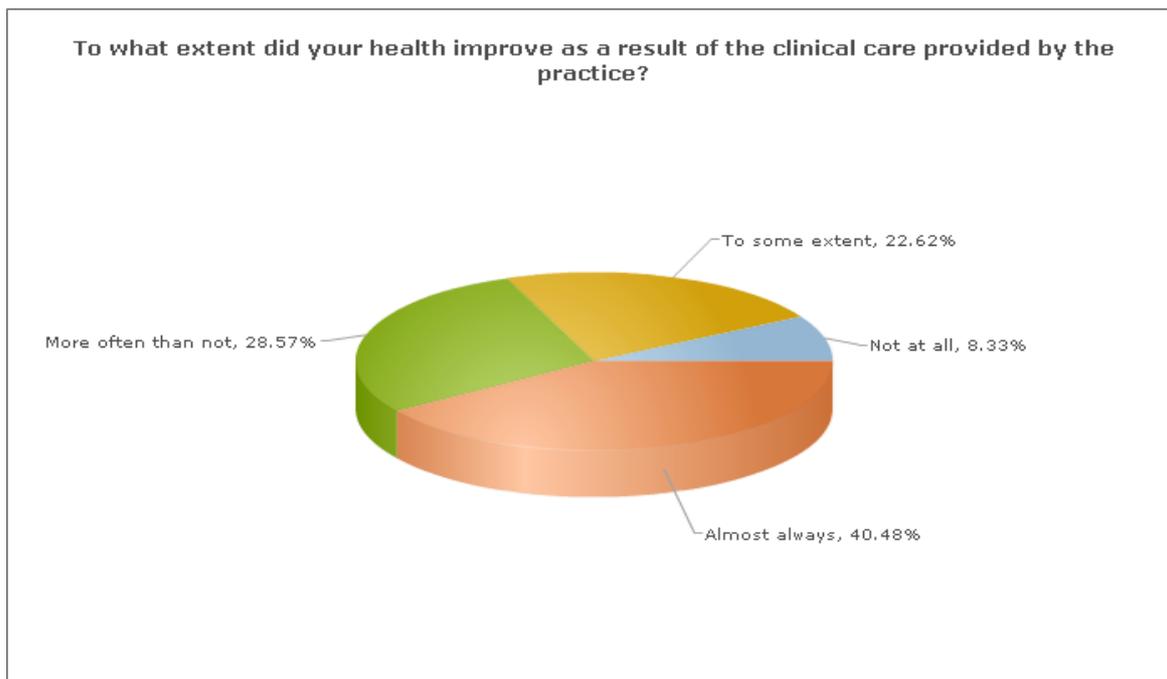


## Question 3.

How would you describe the amount of information you received to help you to manage your health?



#### Question 4.



***Question 5 was offered as an opportunity for our patient group to make further comments and suggestions.***

#### Question 5.

**Thinking back over the last 12 months please comment on what could be improved in your clinical care.**

**(A meeting was held on Monday 26<sup>th</sup> March 2012 with the Practice's Senior Partner, Practice Manager, Finance Manager and Chairman of the Patient Support Group and it was agreed to publish the survey results in themes as shown in table below)**

#### **Question 5 – Comments and Suggestions – PRG Feedback**

<b>THEME</b>	<b>NUMBER OF RESPONSES</b>
Continuity	10
Information	6
Access – GP or Nurse	8
Access - Other	5
Care Planning	6
Consultation skills	9
Health Checks	2
General comments	26

## Continuity (10)

1. Being able to get an appointment with the same GP when I needed it - continuity of care.
2. Would like it to be easier to see same doctor. Each time, although do realize not always possible.
3. It would be good to see the same the doctor .I know that this is not possible but when you have to see maybe 2-3 doctors for ongoing treatment or wait to long for an appointment with your own doctor (which is happening more often) it is very frustrating if you have to keep on repeating the same information. I will say that all doctors are very efficient even when we don't know them. Not waiting so long for fasting blood tests.
4. Being able to see the same doctor consistently.
5. See the same Doctor on every visit
6. Because I have serious medical issues I would prefer to be seen by my regular GP without having to wait days or longer. My regular GP understands how I react to certain medications and my emotional needs - which are important. I feel that there should be a red card system whereby those with serious problems can be seen by someone who treats them regularly. An early appointment could be given on the production of the card. Even my NHS podiatrist uses a red card system.  
I also believe that patients who have diseases - such as Lupus, and other uncommon illnesses - who are capable of describing how they live with the disease/illness and how it affects them - could willingly talk to Doctors/nurses. I appreciate the complex issues that the Medical profession have to deal with and feel that the person who has these awful problems could give an "inside" insight into the disease which could be helpful to all concerned.  
In conclusion, I would like to say that I have the highest regard for all the Staff at Blackthorns Clinic - from my GP to the receptionists.
7. I have a horrid feeling that "political correctness", government statistics and a fear of being "sued" influences our medical practitioners. Hence one can be treated as an overall statistic, particularly by consultants (and thus contained in their direction to our GPs), rather than as a specific individual and with treatment varying/fine-tuned depending on progress and developing symptoms and my bodies metabolism. I like my doctor at Blackthorn because I think that he is "not PC" and is not afraid of me suing him and puts his medical head on the line for me - I trust him and I hope that he trusts me. I know other patients (my friends) who take the same view and make a bee line for the "believed non PC" GP. We all believe that the clinical care offered by Blackthorn is dependant upon strong GPs, making focused on us decisions whilst at all times our GPs being confident that that they are strongly supported by us their patients - a team effort. SO in summary - my care was noticeably poorer when I could not access my "non PC" GP, particularly when I could only see a locum or other Medic temporarily at Blackthorn

8. I have to say that the standard of clinical care significantly improved as a result of changing the preferred doctor requested for appointments. The answers given above more closely reflect the more recent experience over the 12 months
9. Being able to see the doctor dealing with my problem at that time sooner with an appointment, rather than later.
10. Continuity of care needs improvement.

### **Information – (6)**

1. More information about the medication prescribed, why it is being prescribed and what the expected result is likely to be.
2. I'm not sure if this is realistic but I wonder if for specific (and common problems like diabetes) either a drop-in surgery once a month or a brief telephone slot (afternoons, for 30 minutes perhaps) for quick questions / answers with a nurse might be useful. This, however, might create more problems than it solves but it's just a thought.  
Many thanks
3. Giving assurance that the medication you are already on will be ok with the new treatment you are being given
4. More information and discussion with consultants regarding treatment of problems
5. I don't often receive enough information to help me understand and manage my various health problems.
6. Unless I remember to ring and ask, I do not get any feedback on the results of blood tests, x-rays etc and, therefore have no idea whether I am ill or not. A follow-up system, even if only a short call to state the basics would help.

### **Access**

<b>GP/Nurse – (8)</b>	<b>Other – (5)</b>
Sometimes easier access to doctors/nurses	Only the long wait for an appointment with a physiotherapist
To be able to get an appointment the within 2 days, on most occasions you have to know you re going to be ill in advance. I received bad news about my results over the phone which was a shock to my system as had not expected. But to give this sort of news face to face I would have had to wait three weeks to get appointment with the specific doctor. Catch 22 unfortunately	The opening hours
More time with GP	More staff for blood checks
Sometimes for specific appointments e.g. having a smear I have found it difficult because I need a doctor to do it and to make one well in advance is not easy as I need to use prescription medicine beforehand for 2 weeks and then find can't book up in advance or then doctor off etc. For these reasons believe booking in advance should be allowed. Otherwise no problems.	1) Blood tests - it should always be possible to get blood taken within a reasonable time at Blackthorn Health Centre. The latest situation where people are being sent all the way to the General for routine bloods is thoroughly impractical. 2) Minor Surgery - The waiting list of several months to have minor surgery at the health centre seems far too long
To have more time with the GP, as sometimes with certain subjects it is difficult to convey feelings and what to do next.	
I made sure I fully researched my condition, enabling me to have an informed conversation with my Doctor and ask all the right questions specific to me. I have no improvements to make in the clinical care received - however the time restriction can be frustrating. I once wanted to talk about another condition which has been worrying me, but was told I would have to make another appointment!	The cyst on my scalp was diagnosed Sept/ Oct 2011, treatment was antibiotics. I visited again in November, prognosis was to cut it out, it was then one wound. I was told to book an appointment for minor surgery. The waiting time was indeterminate. Since then it has broken up into small wounds. Four months later I have been given an appointment (29th March) for what appears to be a far more difficult operation. Had I been told in November that the waiting time for minor operations was indeterminate; I would have gone privately and not suffered the unpleasantness and pain.
Follow up where condition requires could be improved by ensuring follow-up appointment is made	
Ability to book nurse appointments on-line. Ability to book appointments more than one month ahead (I come for injections every 18 weeks)	

**Care Planning – (6)**

1. I tend to use the telephone to speak to my GP rather than visit as my chronic illness is well managed by myself and other professionals. However my GP is a crucial link between us all and when I recently asked for advice regarding a change of consultant the response was efficient prompt and helpful. My clinical care could be improved by possibly a regular face to face review with my named GP simply to keep in touch with things and raise any ongoing concerns. I do not feel justified in taking up an appointment that others may need more urgently so tend to call when I need direct advice. My sense is that the quality of our patient/doctor relationship would probably benefit from some kind of regular face to face contact.
2. Feedback on your health progress. For instance I had major heart surgery a few years ago. How well I am I doing? I don't know. An annual report on our health progress would be useful, but expensive. Also time allowed for each patient when seeing the doctors does not allow them to digest your recent health history sufficiently before the appointment
3. Making a more informed diagnosis.
4. I would like to feel that my wellbeing was a priority, and not be made so aware that I cost the practice a lot of money! I suffer from a number of medical conditions that I manage pretty well and always try to stay as healthy as I can. I want not to feel rushed, and hope the medications I take which keep me well will not be changed or removed.
5. Having a patient tailored approach to preventive medicine would be a positive way of improving patient health. It could e.g. be tailored to age related risks or that of the individual but some form of regular monitoring of risk conditions would be a positive step forward.
6. G.P. listening and advising, then asking me how I would want my problem dealt with.

### **Consultation Skills – (9)**

1. The Doctor talking to me rather than looking at the PC screen whilst talking
2. More time spent by Doctors, listening to patient's needs and requests and re-assurance.
3. To be listened to a bit more and understand what I'm trying to say
4. Doctors should listen, read previous notes, look more interested.
5. You need to ensure the patient has asked the right question.. That is to say - Always ask "Do you require any clarifications?" I have the experience to navigate the health service structures; I suspect a lot of folk don't.
6. Being 74 years old, I realise my body is ageing but inside I feel much younger. I hope that staff realise this is the same with most elderly people. We sometimes are frightened at what we might be told but we still need to know the truth-said sympathetically.

7. Time to discuss problems and feeling one is being listened to.
8. GP attitude sometimes very dismissive
9. Initially not taken seriously and resulted in several courses of antibiotics and cream which were ineffective. Subsequent consultation with Locum who showed real interest produced some helpful results. It seems that other Doctors were unaware of the facilities available to identify my problem and its treatment i.e. Virtual Dermatology Clinic.

### **Health Checks – (2)**

1. A complete health check
2. A yearly check up for the vulnerable and elderly would be reassuring

### **General Comments – (26)**

1. I have been fortunate enough not to have been seen in the Practice for any consultation in the last 12 months so am unable to respond - sorry there is not a question to cover this eventuality. Perhaps that should have been the first question
2. I'm not sure if the Doctor knows what the hospital is doing with me
3. As I have a medical background, it is easier for me to make sure I give and receive relevant information. I usually know which questions to ask and to have my needs met, so I find it difficult to answer question no 5 in a more constructive way
4. To be honest I cannot fault my treatment having had some recent problems for both myself and my partner we are more than happy with the service.
5. Diagnosis - Sciatica, see a chiropractor  
Actual - Advanced spinal cancer  
Diagnosis-Under the weather- Go for a walk.  
Actual; I have a 42 year history of bi-polar disorder and know when I need ECT or other treatment urgently
6. I have only visited once in 12 months and the diagnosis is still in an early ongoing stage so I am unable to answer this yet
7. Over the last 12 months I have had no issues with my clinical care. The diabetic nurse team are always very helpful and I have had no cause to visit with the doctor in the last year.
8. Nothing as I always received the best advice
9. My diabetic nursing team are excellent. I have not seen a doctor at the surgery in the last year

10. Very pleased with the care received
11. Very happy with treatment, cannot think of anything
12. I have always had the best care and attention and cannot think of any areas to improve, I use regularly both nurses and doctor both is excellent, the admin staff also are very good.  
I have no complaints at all.
13. I am a satisfied customer!
14. I have no problems with my clinical care.
15. I am under my doctor for a knee problem & have been referred to the hospital so all is fine.
16. I have no problems with my clinical care.
17. Just more doctors and nurses like you already have. You do have one receptionist who seems to be rather abrupt and upsets patients....several tales of same content. Otherwise, you are all fab and wish more people appreciate the whole team. Have a happy spring.
18. I've had a great experience every time over the last 12 months.
19. I have no cause for complaint - hence no improvement suggestions!
20. I have been happy with the clinical care I have received during the past 12 months therefore I have no comment on improvement in this subject. Thanks to all concerned.
21. I have been fortunate over this period to have made few visits but have been satisfied on each occasion with the clinical care provided
22. More in-depth examination of the symptoms so that an accurate assessment of ailments can be achieved earlier.
23. Very happy with the clinical care as always.
24. Really there is nothing more that I could wish for. Ongoing examinations, i.e. full body scans & follow up appointment with the relevant consultant all in hand due to our GP's initiative.
25. I don't have a specific suggestion of how clinical care could be improved. I have always received all the care and attention from staff at the surgery that I require in this respect.
26. I think the standard of clinical care is very good. All the Doctors are willing to explain their diagnosis and talk through the options, bearing in mind that they also have other patients to see that day.

**At our meeting on the 26<sup>th</sup> March 2012  
It was agreed the priorities for action will be:-**

<b>BHC PRG SURVEY ACTION PLAN 2011 – 2012</b>			
		BY WHOM	BY WHEN
ACTION 1	It was agreed to organise a practice meeting to discuss survey results with GP's, clinical staff, management, reception and administration staff	SP	June 2012
ACTION 2	It was agreed to highlight continuity and consultation skills as priority areas of review for the practice	SG	Sept 2012
ACTION 3	It was agreed to continue to expand the practice PRG. We will also encourage current members to advertise the group to family and friends by email	SP/YQ	Ongoing
ACTION 4	It was agreed that following the results to question 5 of the survey, the practice would look at any training required	SG/SP	Sept 2012

### **Priority Area**

#### **Continuity**

We have been encouraging patients to see same GP whenever possible and to book appointments in advance.

We have updated our media screen and put up new posters in the waiting room.

This information is available on our monthly practice newsletter and website.



### **Extended Hours Scheme**

Blackthorn Health Centre offer routine Extended Hours Appointments with a GP and Nurse appointments as follows:-

Every Monday 6.30 – 8.00 pm (GP & Nurse)

Alternate Tuesday's 7.30 – 8 am (GP Only)

Alternate Friday's 7.30 – 8 am (GP & Nurse)

Alternate Saturday's 8 – 10 am (GP only)

You are able to make/cancel/attend booked appointments, obtain test results and collect prescriptions from the surgery during extended hour's time.

Please note Extended Hours are for pre-booked routine appointments only. Extended Hours do not include emergency appointments. Patients with a genuine emergency will need to contact:

For Out of Hours Healthcare – 0300 300 2012

NHS Direct – general health care advice – 0845 46 47

Or if you have a life threatening emergency telephone - 999